

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>PN</i>	<i>32</i>	<i>12/6</i>
<b>FORMALITY REVIEW</b>	<i>SS</i>	<i>573</i>	<i>03-15-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	N
5	✓
6	✓
7	N
8	✓
9	✓
10	N
11	✓
12	N
13	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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